

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	31		01/10/01
O.I.P.E. CLASSIFIER		59	9/26/01
FORMALITY REVIEW	4P	1129	8/26/01
RESPONSE FORMALITY REVIEW	AM	917	DA-04-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	9/30/01
Original	9/30/01
1	✓
2	✓
3	✓
4	✓
5	✓ 0
6	✓ 0
7	NN
8	✓✓
9	✓✓
10	✓✓
11	NN
12	✓✓
13	✓✓
14	✓
15	NN
16	NN
17	N
18	N
19	N
20	✓
21	N
22	✓
23	✓✓
24	✓✓
25	✓✓
26	✓✓
27	✓✓
28	✓✓
29	NN
30	✓✓
31	✓✓
32	✓✓
33	NN
34	✓✓
35	✓✓
36	NN
37	NN
38	
39	
40	
41	
42	✓✓
43	✓✓
44	✓✓
45	✓✓
46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
Final	9/30/01
Original	9/30/01
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓✓
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59	✓
60	✓✓
61	✓✓
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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Ref. CC/ML/1402

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